This form can be filled out while viewing in Adobe Acrobat Reader. Once completed, it can be printed. Information on this form can NOT be saved to your computer.

How to Change Your Patient 1st PERSONAL DOCTOR



Remember: If you send this form in, you do not need to call Medicaid! Send your changes in right away. If you change doctors by the 15th day of the month, you can start going to that doctor on the first day of the next month.

What you need to do:

- For future access, save this document to your computer using the File-Save command.
- Use your computer to fill in all of the blanks on this form. Be sure to answer all the questions on this form. If we do not have all of the information, we cannot change your doctor.
- 3) After you have completed the form, print a copy to fax and a copy to keep for your records. Remember, once you close the document, the filled-in information will NOT be saved.
- 4) FAX this form to (334) 215-4140.

Do not copy this form for mailing.

Dear Medicaid:			Today's date			
I want to change personal doctors for (Name)						
The Medicaid number of this person is						
The birthday of this person is		(Month)	(Day) _		(Year)	
The doctor I want to change to is						
	Clinic Name/First N		Last Name			
	The doctor's Medicaid Provider Number is					
(to be filled in by medical office staff) If that doctor does not have a space, my second choice would be						
II that doctor	does not have a space, my secon	Clini	c Name/First Name	Last Name		
The doctor's Medicaid Provider Number is						
(to be filled in by medical office staff)						
(IMPORTANT: The doctor you pick MUST be on the Patient 1st doctor list and have an opening for you.)						
I want to change doctors because:						
	I am not happy about the doctor	I was assigned to.				
	I do not like the way my doctor treated me.					
	It is too hard to get an appointment with my doctor.					
	The doctor is not convenient to my home.					
	I have always seen another doctor.					
	I had trouble reaching my doctor afterhours/weekends.					
	Other					
(All information is kept private by Medicaid)						
My name						
Address						
City	Zip	Phone N	lumber			
If this is not for yourself, what is your relationship to the person changing doctors?						

If you have questions or do not know what to do, call Medicaid toll-free at 1-800-362-1504.

Form 349-website FAX Form Alabama Medicaid Agency